HEALTH CARE FINANCING ADMINISTRATION	
,	1. TRANSMITTAL NUMBER: 2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 0 — - 1 5 Texas
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	September 1, 2000
5. TYPE OF PLAN MATERIAL (Check One):	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN □ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: See Attachment 305,178.95
42CFR 447.201b	a. FFY 2000 \$ 305,178.95 b. FFY 2001 \$ 3, 615,142.44
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
See Attachment	See Attachment
10. SUBJECT OF AMENDMENT: Amendment No.580 - This Home Care providers to obtain enhanced rates 11. GOVERNOR'S REVIEW (Check One): GOVERNOR'S OFFICE REPORTED NO COMMENT	for attendant compensation. XXX OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
Olhda R. Wirly	litude I/ Newton
13. TYPED NAME: Linda K. Wertz	Linda K. Wertz State Medicaid Director
14. TITLE:	Health and Human Services Commission
State Medicaid Director	Post Office Box 13247
15. DATE SUBMITTED:	Austin, Texas 78711
September 26, 2000 FOR REGIONAL C	PERCEUSE ONLY
17 DATE RECEIVED: 27-10	18 DATE APPROVED:
	ONE COPY ATTACHED
19 EFFECTIVE DATE OF APPROVED MATERIAL: September 1, 2000	20. SIGNATURE OF REGIONAL OFFICIAL:
21.TYPED NAME: Andrew Fredrickson, for Calvin G. Cline	22. TITLE: Acting, Associate Regional Administrator Division of Medicaid and State Operations.
23. REMARKS:	

Attachment to HCFA-179 for Transmittal No. 00-15, Amendment No. 580

Number of the Plan Section or Attachment Number of the Superseded Plan or Attachment

Attachment 4.19-B

Page 6, 6(a), 6(b), 6(c), and 6(d)

Page 6e

Attachment 4.19-B

Page 6, 6(a), 6(b), 6(c), and 6(d) (TN 96-19)

New

14. REIMBURSEMENT METHODOLOGY FOR PRIMARY HOME CARE SERVICES

- I. General. The Texas Department of Human Services reimburses Primary Home Care (PHC) providers for services provided to eligible recipients. Prospective, uniform statewide payment rates are determined for each PHC service. Payment rates for attendant compensation are determined prospectively with a retrospective adjustment for failure to meet spending requirements as specified in X (6). Payment rates will be determined for a period of two years.
- II. Authority. The Texas Health and Human Services Commission (HHSC), the Single State Medicaid Agency, has final approval authority of Medicaid payment rates. HHSC determines PHC Medicaid payment rates after consideration of analysis of financial and statistical information, and the effect of the payment rates on achievement of program objectives, including economic conditions and budgetary considerations.
- III. Pro Forma Costing. When historical costs are unavailable, such as in the case of changes in program requirements, payment rates may be based on a pro forma approach. This approach involves using historical costs of delivering similar services, where appropriate data are available, and determining the types and costs of products and services necessary to deliver services meeting federal and state requirements.
- IV. Adjusting Payment Rates. HHSC may adjust payment rates to compensate for anticipated future changes in laws, rules, regulations, policies, guidelines, economic factors or implementation of federal or state court orders or settlement agreements.
- V. Cost Reports. In order to ensure adequate financial and statistical information upon which to base payment rates, each contracted provider is required to submit an annual cost report and, if necessary, a supplemental report(s). It is the responsibility of the provider to submit accurate and complete information, in accordance with all pertinent cost report rules and cost report instructions.
- VI. Audits and Desk Reviews. Desk reviews and field audits are performed on provider cost reports in order to ensure that the financial and statistical information reported in the cost reports conforms to all applicable rules and instructions.

VII. Informal reviews and Appeals. A contracted provider may request an informal review, and subsequently an appeal, of a desk review or field audit disallowance.

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- VIII. Projected Costs. HHSC determines reasonable methods for projecting each provider's costs to allow for significant changes in cost-related conditions anticipated to occur between the historical cost reporting period and the prospective rate period. Significant changes include, but are not limited to, wage-and-price inflation or deflation, changes in program utilization, modifications of federal or state regulations and statutes, and implementation of federal or state court orders and settlement agreements. HHSC may utilize a general cost inflation index obtained from a reputable independent professional source and, where HHSC deems appropriate and pertinent data are available, develop and /or utilize several item-specific and program-specific inflation indices, as follows.
 - (1) General Cost Inflation Index. HHSC uses the Personal Consumption Expenditures (PCE) chain-type price index as the general cost inflation index. The PCE is a nationally recognized measure of inflation published by the Bureau of Economic Analysis of the U.S. Department of Commerce. To project or inflate costs from the reporting period to the prospective payment rate period, HHSC uses the lowest feasible PCE forecast consistent with the forecasts of nationally recognized sources available to HHSC at the time proposed payment rates are prepared for public dissemination and comment.
 - (2) Item-specific and program-specific inflation indices. HHSC may use specific indices in place of the general cost inflation index when appropriate item-specific or program-specific cost indices are available from cost reports or other surveys, other Texas state agencies or independent private sources, or nationally recognized public agencies or independent private firms, and HHSC has determined that these specific indices are derived from information that adequately represents the program(s) or cost(s) to which the specific index is to be applied. For example, HHSC may use specific indices pertaining to cost items such as payroll taxes, key professional and non-professional staff wages, and other costs subject to specific federal or state limits.

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- IX. Payment Rate Determination. HHSC determines payment rates in the following manner.
 - (1) Cost determination by cost area. Reported allowable costs for Primary Home Care are combined into four cost areas. Payroll taxes are allocated to each salary line item on the cost report on a pro rata basis based on the portion of that salary line item to the amount of total salary expense and employee benefits are applied directly to the corresponding salary line item.
 - (A) Field supervisors cost area. This cost area includes field supervisors' salaries, wages, benefits, and mileage reimbursement expenses.
 - (B) Nonpriority attendants cost area. This cost area is calculated as specified in X (relating to Attendant Compensation Rate Enhancement).
 - (C) Priority 1 attendants cost area. This cost area is calculated as specified in X (relating to Attendant Compensation Rate Enhancement).
 - (D) Building, administration, and other service cost area. This cost area includes building and building equipment costs; operation and maintenance costs; administration costs; and other direct service costs. Administration expenses equal to \$0.18 per Priority 1 unit of service are allocated to Priority 1. The administration costs remaining after this allocation are summed with the building and the other service costs.
 - (2) For each of the two cost areas described in IX (1)(A) and (D) the following is calculated:
 - (A) Projected costs. Allowable expenses are projected, excluding depreciation and mortgage interest, per unit of service from each provider agency's reporting period to the next ensuing payment rate period.
 - (B) Projected cost per unit of service. To determine the projected cost per unit of service for each contract, the total projected allowable costs for each cost area are divided by total units of service, including nonpriority services and Priority 1 services, in order to calculate the projected cost per unit of service for each cost area.

(C) Projected cost arrays. Projected allowable costs per unit of service for each contract and each contract's corresponding units of service are rank ordered from low to high for each cost area.

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(D) Recommended payment rate for each cost area component. The hours of service used to calculate each cost area component for each provider agency are summed until the median hour of service is reached. The corresponding projected expense is the weighted median cost component. The weighted median cost component for each of the two cost areas is multiplied by 1.044 to calculate the recommended payment rate for each cost area.

(3) Total recommended payment rate.

- (A) For Nonpriority clients. The recommended payment rate is determined by summing the recommended payment rates described in IX (2) and the cost area component from IX (1)(B).
- (B) For Priority 1 clients. The recommended payment rate is determined by summing the recommended payment rates described in IX (2) and the cost area component from IX (1)(C).

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X. Attendant Compensation Rate Enhancement.

- (1) Attendant compensation cost center. This cost center will include attendant employee salaries and/or wages (including payroll taxes, worker's compensation, or employee benefits), contract labor costs, and personal vehicle mileage reimbursement for attendants.
- (2) Rate year. The rate year begins on the first day of September and ends on the last day of August of the following year.
- (3) Open enrollment. Each contracted provider must notify HHSC in a manner specified by HHSC of its desire to participate or its desire not to participate in the Attendant Compensation Rate Enhancement and its desired level of participation.
- (4) Determination of attendant compensation rate component for nonparticipating contracts. An attendant compensation rate component will be calculated separately for both Priority 1 and Nonpriority services for nonparticipating contracts as follows:
 - (A) Determine for each contract included in the cost report data base used in determination of rates in effect on September 1, 1999, the attendant compensation cost center from X (1) for both Priority 1 and Nonpriority services.
 - (B) Adjust the cost center data from X (4)(A) to account for inflation utilizing the inflation factors used in the determination of the September 1, 1999 rates.
 - (C) For Priority 1 and Nonpriority separately, for each contract included in the cost report data base used in determination of rates in effect on September 1, 1999, divide the result from X (4)(B) by the units of service for Priority 1 or Nonpriority as appropriate to calculate the projected cost per unit of service.
 - (D) Provider projected costs per unit of service are rank ordered from low to high along with each provider's corresponding units of service separately for both Priority 1 and Nonpriority services. The units of service are summed until the median hour of service is reached. The corresponding projected expense per unit of service is the weighted median cost component. This result is multiplied by 1.044.
 - (E) The attendant compensation rate component will remain constant over time, except for adjustments necessitated by increases in the minimum wage. In such cases, adjustments to the nonparticipating rates are limited to ensuring that these rates are adequate to cover mandated minimum wage levels.

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- (5) Determination of attendant compensation rate component for participating contracts. HHSC will determine attendant compensation rate enhancement increments associated with each enhanced attendant compensation level. The attendant compensation rate enhancement increments will be determined by taking into consideration quality of care, labor market conditions, economic factors, and budget constraints. The attendant compensation rate enhancement increments will be determined on a per-unit-of-service basis applicable to each program or service.
- (6) Spending requirements for participating contracts. Participating contracts are subject to a spending requirement with recoupment calculated separately for their Priority 1 and Nonpriority services as follows:
 - (A) Beginning September 1, 2000, the attendant compensation spending per unit of service will be multiplied by 1.09 to determine the adjusted attendant compensation per unit of service. For the rate year beginning September 1, 2001, and thereafter, the attendant compensation spending per unit of service will be multiplied by 1.07 to determine the adjusted attendant compensation per unit of service.
 - (B) The adjusted attendant compensation per unit of service from X (6)(A) will be subtracted from the accrued attendant compensation revenue to determine the amount to be recouped. If the adjusted attendant compensation per unit of service is greater than or equal to the attendant compensation revenue per unit of service, there is no recoupment.
 - (C) The amount paid for attendant compensation per unit of service after adjustments for recoupment must not be less than the amount determined for nonparticipating contracts.

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